



GALLOWAY TOWNSHIP
TONNAGE REPORTING FORM FOR RECYCLED MATERIALS
(Calendar Year 2015)
COMMERCIAL/INSTITUTIONAL



*Name of Business _____

*Mailing Address _____

*City, State, Zip _____

*Contact Person _____

*Title _____ * Email _____

*Phone number _____ *Fax Number _____

*Type of organization/business _____

* **NAME OF HAULER FOR TRASH:** _____

* **NAME OF HAULER FOR RECYCLING:** _____

*** Must be filled in**

RECYCLED MATERIAL	AMOUNT	NAME OF MARKET/HAULER	ADDRESS OF MARKET /HAULER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach copies of receipts, if possible)

I, the undersigned, certify that to the best of my knowledge, the information provided is accurate.

Print or type name of business representative

Signature

Title

Date

Township of Galloway
OFFICE OF SUSTAINABILITY
300 E. JIMMIE LEEDS ROAD
GALLOWAY, NJ 08205